

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Aliasgar 2. Surname (Last Name) Dalal 3. Date 27-March-2024

4. Are you the corresponding author? Yes No Corresponding Author's Name
Laura Alberton

5. Manuscript Title
Viability and Cell Surface Marker Expression of Bursal Tissue Harvested During Rotator Cuff Repair

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Section 1. Identifying Information

1. Given Name (First Name) Shawn	2. Surname (Last Name) Grogan	3. Date 27- March - 2024
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura A. Alberton
5. Manuscript Title VIABILITY AND CELL SURFACE MARKER EXPRESSION OF BURSAL TISSUE HARVESTED DURING ROTATOR CUFF REPAIR		
6. Manuscript Identifying Number (if you know it)		

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Dr. Grogan has nothing to disclose.

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1. Given Name (First Name)
vinieth

2. Surname (Last Name)
Bijanki

3. Date
27-March-2024

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Laura Alberton

5. Manuscript Title
VIABILITY AND CELL SURFACE MARKER EXPRESSION OF BURSAL TISSUE HARVESTED DURING ROTATOR
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1. Given Name (First Name)
Benjamin

2. Surname (Last Name)
Nwadike

3. Date
27-March-2024

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Dr. Laura Alberton

5. Manuscript Title
VIABILITY AND CELL SURFACE MARKER EXPRESSION OF BURSAL TISSUE HARVESTED DURING ROTATOR CUFF REPAIR

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Dr. Nwadike has nothing to disclose.

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1. Given Name (First Name) Darryl	2. Surname (Last Name) D'Lima	3. Date 27-March-2024
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Laura Alberton
5. Manuscript Title BURSAL TISSUE HARVESTED DURING ROTATOR CUFF REPAIR CONTAINS VIABLE MESENCHYMAL STEM CELLS		
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Other: Anything not covered under the previous three boxes

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Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Laura

2. Surname (Last Name)
Alberton

3. Date
27-March-2024

4. Are you the corresponding author? Yes No

5. Manuscript Title
Viability and Cell Surface Marker Expression of Bursal Tissue Harvested During Rotator Cuff Repair

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Alberton has nothing to disclose.

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